PART B-ISSUE FEE TRANSMITTAL

Complete and mail this form, together

OCI 3 0 2001 E

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231



(Depositor's name)

DATE DUE

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate through 4 should be completed where appropriate through 5 through 5 through 5 through 5 through 6 th

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MMC2/0801

Foley & Lardner 3000 K Street N.W. P.O. Box 25696 - Suite 500 Washington DC 20007-5109 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the Uritled States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

CCC DUE

_					(Signature)	
					(Date)	
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART I	TINU	DATE MAILED	
09/506,32	7 02/18/00	021022 G	RAINGER, Q	2852	08/01/01	
First Named ISE, Applicant		35 USC	154(b) term ext. =	0 Day	0 Days.	
MAGE FORM	NG APPARATUS					

400LM 70/05

CHALL CATTITY

TITLE OF IMAGE FORMING APPARATUMENTION

ATTY	S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	I FEE DOE			
3	016907/10	399-262	.000 k	(06 UTI	LITY NO	\$1240.00	11/01/01		
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.					For printing on the patent front page, list 1) the names of up to 3 registered patent Ittomeys or agents OR, alternatively, (2) the name of a single firm (having as a nember a registered attorney or agent) und the names of up to 2 registered patent Ittomeys or agents. If no name is listed, no name will be printed. 1 FOLEY & LARDHER 2				
PLEASE N Inclusion of the PTO of filing an as (A) NAME TO (B) RESIDI	IOTE: Unless an assign 1 assignee data is only in 1 is being submitted und signment. OF ASSIGNEE DISHIBA TEC KA ENCE: (CITY & STATE DKYO, JAPAN ack the appropriate assignees)	gnee category indicated below (ee data will appe has been previo of this form is NC	ear on the patent. usty submitted to T a substitive for	4b. The following fees or on DEPOSIT ACCOUNT	deficiency in these fees of NUMBER 19-07 A COPY OF THIS FORI	should be charged to:		
(Authorized S Glenn NOTE: The Is	ignature) Law, 34,37	AND PAO EMAPIKS IS request that the spirit of the state o	(Dat 10 e applicant; a reg	e) -25-2001 j		EIE 00000E7 075%	167 180.00 SP		
Burden Hou depending of to complete Office, Wasi ADDRESS. Patents, Wa Under the Pe	ffice. ur Statement: This for in the needs of the ind this form should be shington, D.C. 20231. I SEND FEES AND TI shington D.C. 20231 aperwork Reduction A	rm is estimated to take 0.2 hor ividual case. Any comments then to the Chief Information CDO NOT SEND FEES OR COMMISSION FORM TO: Box Issue Feact of 1995, no persons are requalid OMB control number.	urs to complete. on the amount o Officer, Patent a DMPLETED FO e, Assistant Con	Time will vary of time required und Trademark RMS TO THIS mmissioner for					